



**DEPARTMENT OF THE ARMY**

6<sup>th</sup> AREA SUPPORT GROUP

UNIT 30401

APO AE 09107-0401

08 JUN 2004

AESG-ISM

MEMORANDUM FOR Military Service Members, Civilian Employees, and Family Members  
Assigned/Residing or in Attached TDY Status in the 6<sup>th</sup> ASG Area of Responsibility

SUBJECT: 6<sup>th</sup> ASG Command Policy Letter 54, Handicapped Parking and Privately Owned  
Vehicles Handicapped Decals

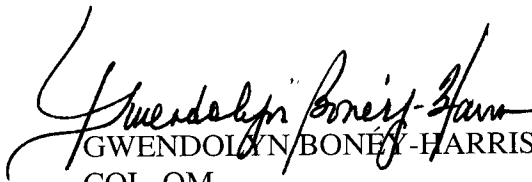
1. Reference USAREUR Regulation 190-1, Registering and Operating Privately Owned Motor Vehicles (POV) in Germany, dated January 8, 2004.
2. PURPOSE: This memorandum prescribes the procedures and regulatory guidance for application and issuance of handicapped (HC) parking decals and allocation of handicapped parking spaces within the 6<sup>th</sup> Area Support Group area of responsibility (Appendices A, B, C).
3. As the Commander, I am strongly committed to a work environment that provides accessibility to all facilities, services, and activities to 6<sup>th</sup> ASG personnel and visitors to this command. Further, qualified individuals with disabilities and employees who become temporarily disabled due to on/off-the job injuries will have a full measure of opportunities for Federal employment and they will not unnecessarily be excluded or limited because of job structure or design or because of architectural, transportation, communication, procedural, or attitudinal barriers. In order to improve upon the quality of life initiatives for the 6<sup>th</sup> ASG community we are establishing this policy.
4. When recipients of approved HC decals depart the 6<sup>th</sup> ASG area on leave or other absences, their POV will not be parked in a designated HC parking space for the duration of their absence. All HC designated parking spaces must be available for other recipients.
5. Point of contact for this policy is the Office of the Installation Manager, Kelley Barracks, Building 3315, Room 239, Telephone: 421-2345 or Fax: 421-2398.

3 Encls

App A – Policy

App B – Medical Certification

App C – Individual Statement

  
GWENDOLYN BONEY-HARRIS  
COL, QM  
Commanding

## **APPENDIX A HANDICAPPED DECALS FOR POVS AND HANDICAPPED PARKING ALLOCATIONS**

### **A-1. GENERAL**

a. This appendix prescribes:

- (1) Responsibilities and requirements for obtaining a 6<sup>th</sup> ASG handicapped parking decal.
- (2) Responsibilities and requirements for allocation of handicapped parking spaces.

b. Procedures for allocation of handicapped decals and designated reserved handicapped parking spaces are the responsibility of the Installation Support Manager and the Installation Coordinator.

c. The Installation Coordinator will forward all requests for a handicapped decal and parking spaces to the Installation Support Manager at Kelley Barracks. No request or petition for handicapped decal or reserved parking spaces will be approved/disapproved at the Installation Coordinator level.

### **A-2. HANDICAPPED PARKING DECAL APPLICATION**

a. Any individual requiring a handicapped parking decal must be assigned or attached in TDY status to the ASG area of responsibility, be a valid Identification Card holder, and a federal employee, retiree or sponsored family member. There will be no exceptions to these prerequisites.

b. When applying for a USAREUR certificate of license, an individual with a disability must present a signed statement from a physician stating that his/her disability will not interfere with his/her ability to safely operate motor vehicles. When disabilities occur after a USAREUR certificate of license is issued, the individual will carry a statement from a physician asserting that the disability will not interfere with normal and safe operation of a vehicle.

c. A local national employee must obtain his/her handicapped decal from German authorities in his/her area of residence. The German decal will be accepted on all 6<sup>th</sup> ASG installations for use of handicapped parking.

d. The individual applicant will obtain a Medical Certificate of Disability (Appendix B) from the 6<sup>th</sup> ASG Installation Support Manager (ISM) located on Kelley Barracks. You may contact this office by telephone to receive a copy via email or fax. The certificate must be completed and signed by a staff physician at the Patch Barracks Medical Facility or by a local national physician.

e. The completed Medical Certificate of Disability must be returned to the Kelley Barracks Installation Support Manager's (ISM) Office for issuance of the POV decal. In addition, the individual must present a (1) Valid USAREUR driver's license and, (2) Current/valid copy of vehicle registration certificate.

**APPENDIX A**  
**HANDICAPPED DECALS FOR POVS AND HANDICAPPED PARKING ALLOCATION**  
**(Cont.)**

f. The ISM will complete the Acknowledgement of Individual Responsibility Regarding Procedures of Utilization, Parking and Issuances of Handicapped Decal for Privately Owned Vehicles form (Appendix C).

g. Only one handicapped decal will be issued per vehicle. If an individual has more than one vehicle, an additional decal may be issued for each vehicle.

h. The handicapped decal must be placed in the top of the rear window on the driver's side of the POV. The Medical Certificate of Disability and the vehicle registration documents must be in the vehicle.

i. The assigned handicapped decal will be authorized for use only at military installations within the 6<sup>th</sup> ASG and USAREUR-wide.

**A-3. INDIVIDUAL RESPONSIBILITY FOR HANDICAPPED PARKING DECAL**

a. Effective immediately, all personnel who have been issued handicapped decals:

(1) Must register with the Installation Support Manager.

(2) Will abide with specified time limitations for handicapped parking areas located next to the Commissary, Post Exchange and Shoppette areas. Designated parking spaces at work sites will have no time limitation.

b. Individuals who arrive from CONUS bases or other overseas locations may use their valid handicapped decals for a 30-day grace period, pending application for a 6<sup>th</sup> ASG handicapped decal as prescribed by this policy. Requests for extension of the 30-day period must be submitted in writing to the Installation Support Manager.

c. Only the individual to whom a handicapped decal was issued will be authorized to use it. When the decal is issued for a family member, the individual with the disability must be in the vehicle when a designated reserved parking space is being used for handicapped accessibility into a facility. There is no exception to this policy.

d. Immediately, upon change of disability status, an individual with an issued handicapped decal must report any change that would affect eligibility for the handicapped decal to the Installation Support Manager.

**MEDICAL CERTIFICATE OF DISABILITY (APPENDIX B)**

This is to certify that the below named individual meets the following medical guidelines and should be issued a handicapped parking decal.

- ☐ a. Chronic debilitating condition that inhibits mobility making access to areas difficult.
- ☐ b. Long-term orthopedic condition that limits mobility.
- ☐ c. Short-term orthopedic condition expiration date \_\_\_\_\_.

PATIENT'S NAME:

RELATIONSHIP TO SPONSOR:

SPONSOR'S NAME/RANK:

SSN:

DATE: \_\_\_\_\_ PHYSICIAN'S SIGNATURE  
PHONE NO.: \_\_\_\_\_

**UBERSETZUNG****ARZTLICHE BESCHEINIGUNG EINER BEHINDERUNG**

Hiermit wird bescheinigt, daß die unten genannte Person die folgenden medizinischen Richtlinien erfüllt und eine Behindertenparkscheibe erhalten sollte.

- ☐ a. Chronische, bewegungshindernde allgemeine Schwäche, die den freien Zugang Schwierig macht.
- ☐ b. Langerfristige, bewegungseinschränkende, orthopädische Erkrankung.
- ☐ c. Kurzfristige orthopädische Erkrankung. Ende der Dauer: \_\_\_\_\_.

NAME DES PATIENTEN:

VERWANDTSCHAFTSVERHALTNIS ZUM ARMEEANGEHÖRIGEN:

NAME/MILITARISCHER RANG DES ARMEEANGEHÖRIGEN:

SOZIALVERSICHERUNGS NUMMER:

DATUM: \_\_\_\_\_ UNTERSCHRIFT DES ARZTES  
TELEFONNUMMER: \_\_\_\_\_



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**ACKNOWLEDGEMENT OF INDIVIDUAL RESPONSIBILITY REGARDING  
PROCEDURES OF UTILIZATION, PARKING AND ISSUANCE OF HANDICAPPED  
DECAL FOR PRIVATELY OWNED VEHICLE (S)**

I have read and fully understand the 6<sup>th</sup> ASG policy memorandum that establishes the regulatory guidance for individual application and issuance of the 6<sup>th</sup> ASG POV handicapped decal and decal utilization. I agree to all provisions & requirements stated therein.

TYROLL R. STEARN  
Kelley Barracks ISM/IC

APPLICANT: \_\_\_\_\_  
(SIGNATURE AND DATE)

UNIT: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

**APPENDIX C**